POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*MM*	*20597*	*9/28*
O.I.P.E. CLASSIFIER			*9/2*
FORMALITY REVIEW		71423	11-13-00
RESPONSE FORMALITY REVIEW		71423	1-2-01

INDEX OF CLAIMS

✔	.... Rejected		N	.... Non-elected
=	.... Allowed		I	.... Interference
—	(Through numeral)... Canceled		A	.... Appeal
÷	.... Restricted		O	.... Objected

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Claim		Date							
Final	Original	4/6	5/3	7/64					
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	13	✔	✔						
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	24	✔	✔						
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	35	✔	✔						
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	37	✔	✔						
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If more than 150 claims or 10 actions
staple additional sheet here

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